

08/20/03
13281 U.S. PTO



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|---------------------|----------------|
| Attorney Docket No. | 03500.014092.1 |
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| First Named Inventor or Application Identifier |
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| SATORU KITAJIMA, ET AL. |
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| Express Mail Label No. |
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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

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|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> |
| 3. <input checked="" type="checkbox"/> Specification Total Pages 33 | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 08 | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper |
| 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 01 | c. <input type="checkbox"/> Statements verifying identity of above copies |

a. Newly executed (original or copy)

b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

i. **DELETION OF INVENTOR(S)**
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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08/20/03

| | | |
|---|--|--|
| ACCOMPANYING APPLICATION PARTS | | |
| 9. <input checked="" type="checkbox"/> Assignment Papers (Copy from U.S. Patent Application No. 09/456,291, filed December 8, 1999; Reel/Frame: 010652/0724.) | | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> | <input type="checkbox"/> Power of Attorney | |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | | |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations | |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment | | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | |
| 16. <input type="checkbox"/> Other: _____ | | |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No. 09 /456,291
Prior application information: Examiner: Jermie E. Cozart Group/Art Unit: 3726

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

05514

| | | |
|--|---|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here) | or <input type="checkbox"/> Correspondence address below |
| | | |
| | | |
| NAME | | |
| Address | | |
| City | State | Zip Code |
| Country | Telephone | Fax |

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| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--------|--|------------------|------------------|-------------------------------|------------------|
| | TOTAL CLAIMS (37 CFR 1.16(c)) | 12-20 = | 0 | X \$ 18.00 = | \$ 0.00 |
| | INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 2-3 = | 0 | X \$ 84.00 = | \$ 0.00 |
| | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) | | | \$280.00 = | \$ 0.00 |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$750.00 |
| | | | | Total of above Calculations = | \$750.00 |
| | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). | | | | |
| | | | | TOTAL = | \$750.00 |

19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 750.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ _____ to cover the recordal fee is enclosed.

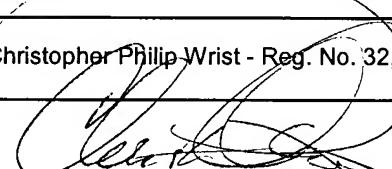
22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Christopher Philip Wrist - Reg. No. 32,078

SIGNATURE



DATE August 20, 2003

CPW:eyw

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